

# RCRIS UNIVERSE MAINTENANCE FORM

EPA ID

P A D 0 9 6 2 5 4 4 8 7

Facility Name ST. JOHNS RIVER TOWNSHIP, FLA.

Source: N A S E

Notification Date 9/11/95

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	<u>1</u>	<u>N</u>	<u>7</u>
Transporter	_____	_____	_____
TSD	_____	_____	_____
Burner	_____	_____	_____
HWF Market to Blender _____		HWF Other Market _____	HWF Burner _____
OSO Market to Burner _____		OSO Other Market _____	OSO Burner _____
SO ACT:			
Burner Type: Utility Boiler _____		Industrial Boiler _____	Furnace _____
Underground Injection Control:			
Recycler:			
Mode of Transportation: Air _____ Rail _____ Highway _____ Water _____			
Other _____			

CW  
1/16/96

Process Code Information  
Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

<input checked="" type="checkbox"/> IR Inspection report <input type="checkbox"/> Revised Notification from the state <input type="checkbox"/> Revised Notification from the facility <input type="checkbox"/> EPA clean closure certificate <input type="checkbox"/> State documentation certifying clean closure <input type="checkbox"/> Other _____	<input type="checkbox"/> Affidavit from the facility <input type="checkbox"/> Affidavit from the state <input type="checkbox"/> Biennial report <input type="checkbox"/> Documentation not required  <div style="text-align: right;">           Date to Data Entry _____            Batch Number _____            Date QAd _____         </div>
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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL RESOURCES  
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Company/Facility/Site Name: St. Johnsbury Trucking Co. Inc.  
Identification Number : PAD096254487  
Date of Inspection : 9/11/95

This company is not operating at the listed site anymore. The Department received information that the company had relocated to the Camp Hill, PA area several years ago, but it was not possible to locate the company in that area either.

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*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Resources, Waste Management Program, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person*

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Person Interviewed (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Inspector (Signature) \_\_\_\_\_ Date 11/5/95

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

FPA 09625448721

800813

AUG 13 80 000003

## I. NAME OF INSTALLATION

St. Johnsbury Trucking Co. Inc.

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

32301 Mt. Rose Ave. Int. 83

CITY OR TOWN

York

ST.

PA

ZIP CODE

17405

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 "SAME"

CITY OR TOWN

6

ST.

ZIP CODE

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

Brenner David President

PHONE NO. (area code &amp; no.)

617-429-5920

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Sun Carriers Inc.

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

PAD096254487

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

W	7	A	D	0	9	6	2	5	4	4	8	7	2	1
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**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

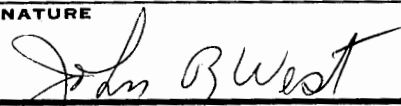
☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D004)
**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) John R. West Vice President - Operations	DATE SIGNED 8/18/80
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ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD 09 625 4487

Mr. David Brenner  
St. Johnsbury Trucking Co. Inc.  
2301 Mt. Rose Ave., Int 83  
York, PA 17405

INSTALLATION ADDRESS

2301 Mt. Rose Ave., Int 83  
York, PA 17405



ENVIRONMENTAL  
HAZARDOUS WASTE DATA  
FACILITY INVENTORY

*St. Johnsbury Trucking Co. Inc.*

CARD CODE	FACILITY IDENTIFICATION NUMBER	TRANS CODE	CARD NO.	NOTIFICATION APPROVAL	DATE NOTIFIED	PERMIT APPLICATION APPROVAL	DATE PART A PERMIT REC'D	FACILITY NAME					
F	P.A.D. 0962544873	1											
1	2	13	14	15	16	17	22	23	24	29	30		
FACILITY CONTACT NAME/POSITION													
F	DUP		2										
1	2	13	14	15	16						45		
MAILING ADDRESS													
F	DUP		3										
1	2	13	14	15	16						45		
MAILING CITY													
F	DUP		4										
1	2	13	14	15	16					40	41	42	43
FACILITY ADDRESS													
F	DUP	3	5	2301	MT. ROSE AVE	INT	83						
1	2	13	14	15	16						45		
FACILITY CITY													
F	DUP	3	6	YORK						PA			
1	2	13	14	15	16					40	41	42	43
NEW SIC													
F	DUP		7										
1	2	13	14	15	16	19	20	23					
FACILITY OWNER'S NAME													
F	DUP		8										
1	2	13	14	15	16								

\_\_\_\_\_

17.405

[illegible][illegible]

F	DUP		8	
1	2	13	14	15

ACTIVITY CODE					TRANSPORT MODE																			
OWNER TYPE	GEN	TRANS	TSD	UNC	AIR	RAIL	ROAD	WATER	OTHER					FAC. STAT.	PERM. STAT.	CLOSURE DATE								
56	57			60	61				65	66					70	71	72	73						78

**TYPE    OLD PERMIT NUMBER**

[illegible]

**TYPE    OLD PERMIT NUMBER**

F	DUP			9																																						
1	2	13	14	15	16	17	18																30	31	32	33																45

**TYPE, OLD PERMIT NUMBER**[illegible]

DATE NOTIFICATION ACKNOWLEDGEMENT SENT      DATE INTERIM STATUS ACKNOWLEDGEMENT SENT

F      DUP      0
   
 1   2      13 14   15   16                      21 22                      27

**COMMENTS**

[illegible]

EPA Form 2800-16 (5-80)



